PAID BY   Voucher prepared at   (Give phere and date)   Covernment at   Copy   OF 2.	U. S. CO	a No. 2034—Revise rescribed by r Gouera, U.S. ber A D D FO VE . 51, Supp. No. 11) ebruary 20, 1952) ST REIMBURS						Г			
THE UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Address)  (Copy   OF 2.  (Payee)  (Address)  (Copy   OF 2.  (Copy   Op			(Department, b	oureau, or establishment)	)				PA	ID BY	
The United States, Dr.,  Payee's Account No.  (Payon)  (Copy   OF 2)  (Copy   OF	v oucher pref.	pared at		(Give place and dat	;e)				Such	A11	
The reverse of Vills form must be executed when purchases are made or services and proper for payment.    Continued to the services of the ser	THE UNITED	STATES, Dr.,	Paye	e's Account No.					SAPC	21896	١
(Address) (Olty) (State)  No. and Date of Delivery or Service    Center description, item number of contract or Federal supply or Service   Center description, item number of contract or Federal supply or Service   Center description, item number of contract or Federal supply or Service   Center description, item number of contract or Federal supply or Service   Center description, item number of contract or Federal supply of Cost	$T_{0}$								COPY	1 OF 2	
No. and Date of Polivery or Service (Enter description, Item number of contract or Federal aupply schedule, and other information deemed necessary)  PAYMENT:  Cost  Cos			(	Payee)				-			
No. and Date of Order    Date of Delivery or Service   Center description, term number of contract or federal supply schooldule, and other information deemed necessary)   QUANTITY   Cost   Per   Dollars		(Add	iress)						<del></del>		
PAYMENT:  Cost  Cost  Cost  Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  Certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 11/22/57. *Payee  Title Reverses of this form Must be executed when a like scriffered is made by save or attached bill or bins  Ontract No. Alol Date Reg. No.  Date Invoice Rec'd.  Cast Per Dollars  4, 499.  Cost Per Dollars  4, 499.  Amount verified; correct for			(Enter description.	item number of contra	ES			UNIT	PRICE	AMOUN	Т
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/I. No. Total  I certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 11/22/57 *Payee  Per  Per  Per  Per  Partial   Use continuation sheet(s) if necessary  (Payee must NOT use this space)  Differences  Amount verified; correct for (Signature or initials)  Partial No. AlOl Date Reg. No. Date Invoice Rec d.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$  SIGN  ORIGINAL ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Order	or Service	schedule, and	other information dec	med necessary	·)	QUANTITY	Cost	Per	Dollars	Ct
Complete Partial Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total 4,499.   Gertify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 11/22/57 *Payee			Cost							4,499	50
STATINTL (Sign original only)  Date 11/22/57 *Payee  Title (Signature or initials)  Per Title (Signature or initials)  Parametract No. Alol. Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Sign ORIGINAL ONLY  Title Date  The REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Complete Partial		U	utinuation deserved "							S
STATINTL (Sign original only)  Date	Shipped from	t				B/L No.	1		Total	Ji Jigo	50
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Approved for \$	Contract No. Al	01.									===
SIGN (Authorized Certifying Officer)  ORIGINAL Title ONLY  Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ursuant to author	ity vested in me, I	certify that this account	is correct and proper f	or payment.						
ORIGINAL Title ONLY  Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Approved for \$		7-444		†						
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THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Tiel.			ONLY							
	icie			HEN PURCHASES ARE MADE	Date	IDEN WITUN	UT WRITTEN AC	DEPRENIEN IN			
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)											
		ACCOUN	TING CLASSIFICATION	(Appropriation Syml	bol must be sh	own; othe	r classification	n option	al)		
			dated	. 19	for \$			∫on Treas	urer of the U	nited States in fac	ror of
Paid by { Check No {on Treasurer of the United States in favor payee named above. }	u.u. Dy 1	U•	44504	,						States in 141	10 10

Standard Form No. 1035a-Revised

Form prescribed by Comptroller General, U. S. September 7, 1950

(Gen. Reg. No. 51 Approved For Release 2001 1947) 17 hora Representation Sheet

Continuation Sheet

(Department, bureau, or establishment)			T	UNIT PRICE		AMOUNT		
of Order	Date of Delivery or Service	ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUAN- TITY	Cost	Per		Cts.
		Contract AlOl - Costs All Systems  Direct Costs Properly	Chargeable to					
		Contract AlOl for the thru 11/17/57	period 11/11 STATINTL					
			Research & Development	Pr	oducti	on_	Tote	<u>al</u>
abor Wee	k Ending	November 17, 1957						
Resea	rch & Dev	m rates as follows: relopment - STATINTL 107040  sead and Other Costs						
& A exp	ense com	uted at interim						
otal Cos	ts	STATINTL			of the state of th		\$ <u>4,499</u>	•50
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